

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)							
PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
TOVAR	DAVID		916-583-9300				
MAILING ADDRESS (Street)		7777	FAX				
1415 L STREET, SUITE 1150			916-583-9330				
(City)	(State)	(7in ((Zip Code)				
(Oity)	(Gtate)	(Zip (oue)				
SACRAMENTO	CALIFORNIA		95814				
EMPLOYING ORGANIZATION (Fill i	n only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE				
	in only if you are omproyed by a basiness of		TEEL HONE				
N/A							
MAILING ADDRESS (Street)		77744444	FAX				
(C)	(01-1-)	7:-	2 - 4 - 2				
(City)	(State)	(ZIP C	Code)				

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU L	Telephone 916-583-9300		
PHILIP MORRIS USA INC., BY ITS			
MAILING ADDRESS (Street)	FAX 916/583-9330		
1415 L STREET, SUITE 1150			
(City)	(State)	(ip Code)	
SACRAMENTO	CA	95814	
NAME OF PERSON RESPONSIBLE FO	TELEPHONE 916/583-9300		
DAVID TOVAR			
MAILING ADDRESS (Street)	FAX 916/583-9330		
1415 L STREET, SUITE 1150			

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,	(City)	(City) (State) (Zi		(Zip Code)	Code)	
SACRAMENTO		CA	CA		95814	
PAR	T III DESCRIPTION (OF SUBJECTS UPON WHICE	YOU EXPECT TO I	LOBBY	[X] Science, Technology &	
[] [X]	Communications & Public Utilities Consumer Protection & Commerce	[X] Government Operations & Finance [] Hawaiian Affairs	[X] Intergovernmental International Affair [X] Labor & Employme	s	Economic Development [X] Tourism & Recreation [] Transportation	
[]	Culture, Arts, Historic Preservation Ecology, Energy Environmental Protection	[X] Health	[] Planning, Land & \ Use Management [] Public Safety & Co		[x] Other: (indicate below) Tobacco Manufacturer	
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
		(Signature of Lobbyist)			(Date)	
PAR NAMI		ON TO LOBBY	TITLE OF AUTHORIZ	ING OFFICER	R OR PERSON REPRESENTED	
CÉSAR VARGAS REGIONAL DIRECTOR, STATE GOVERNMENT AFFAIRS						
NAMI	OF ORGANIZATION (if ap	plicable)	1100-2007	TEL	EPHONE 916/583-9300	
ALTR	IA CORPORATE SERVICES	S, INC., ON BEHALF OF PH	ILIP MORRIS US	A INC.		
MAILING ADDRESS (Street)			FAX	FAX 916/583-9330		
1415	L STREET, SUITE 1150					
	(City)	(State)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)		
SAC	CRAMENTO	CA		95814		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						

(Signature of Authorizing Officer or Person Represented)